

## Planning and Zoning Officials Training Program

### *Waiver Request Form*

By completing this form, I am requesting a waiver from attending the Basic Course in Land Use Law and Planning. I further attest to the fact that I have completed a more extensive course than that required by section 2 of P.L.2005,c.133. Attached are copies of the transcript or program description and a certificate of completion.

Name	
Address	
Phone	
E-mail	
Municipality	
Course Title	
Check Board Type	<input type="checkbox"/> Planning <input type="checkbox"/> Zoning
Course Provider	
Completion Date	

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail or fax form and supporting materials to:

Commissioner  
N.J. Department of Community Affairs  
c/o Office of Smart Growth  
P.O. Box 204  
Trenton, N.J. 08625-0204  
Fax: 609 292 3292